

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.	FILED DATE
10532172	
APPLICANT(S)	

**FILED DATE**

7/17/07

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			2			
TOTAL DEP.			14			
TOTAL CLAIMS			16			

IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.					
TOTAL CLAIMS					